



AGENCY STAFF* FLU VACCINATION ACCEPTANCE/DECLINATION

*Agency Staff are those individuals who report to work at a Genesis Care Center location pursuant to an agreement between Genesis and the Individual's employer.

ACCEPTANCE:

- ☐ I understand that I may be at risk of being infected by and transmitting the influenza virus. I acknowledge that I have received and understand the information regarding the flu vaccination. I have had the opportunity to ask questions and have had my questions answered satisfactorily. I acknowledge that I have been informed and understand the risks of not receiving the vaccination. I further understand that by not receiving the vaccination, I may be at an increased risk of contracting the flu.

Based on the information I have received, I am making an informed decision to accept the inactivated influenza vaccine. In addition, I do not have a fever, have never had any severe (life-threatening) allergies, including a severe allergy to eggs. I have not had a serious allergic reaction to a prior dose of the influenza vaccine and have never had Guillain-Barre Syndrome. I acknowledge that I am not pregnant. I understand that if I were pregnant I would need authorization from my physician to receive the vaccination. I accept the inactivated influenza vaccine.

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FLU VACCINE (TYPE OF INFLUENZA): _____

MANUFACTURER/Lot#: _____ Expiration Date: _____

Site of Injection: LA _____ RA _____ Date: _____

Administering Clinician Name: _____ Administering Clinician Signature: _____

DECLINATION:

- ☐ I understand that I may be a risk for acquiring influenza and transmitting the virus to others. I have been given the opportunity to be vaccinated with the inactivated influenza vaccine; however, I decline the influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring influenza, a serious illness and of transmitting the virus to others. I understand that I can change my mind at a later time and accept vaccination if the vaccine is still available. As required by the Center, I will wear a mask at all times (with the exception of the employee lounge/break room) at the Center. The mask will be supplied by the location at no cost to me.

I DECLINE THE INFLUENZA VACCINE FOR THE FOLLOWING REASON(S) (CHECK ALL THAT APPLY):

- ☐ I have already received the flu vaccine elsewhere this season. List Provider: _____ Date: _____
- ☐ I have a medical contraindication/condition of severe allergic reaction to eggs.
- ☐ I have been offered the eggless vaccine, Flu Block, if under 50 years of age and still decline.
- ☐ I have a medical contraindication/condition of severe allergic reaction to other component(s) of the vaccine, or history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination and cannot accept the influenza vaccine.
- ☐ Perceived ineffectiveness of the vaccine – according to CDC Studies, the inactivated influenza vaccine showed significant effectiveness against laboratory-confirmed influenza among healthy persons and those with high-risk medical conditions. Decreased hospitalization and decreased death from flu complications was also noted.
- ☐ Fear of vaccine side effects – side effects are usually mild and include low grade fever and aches. The most common side effects include: soreness, redness and stiffness at the site of the infection.
- ☐ Fear of contracting influenza/influenza-like illness from the vaccine – the flu viruses are inactivated and therefore cannot cause the flu.
- ☐ Religious accommodation
- ☐ Other: _____

Registrant's Name (Print)

Registrant's Signature

Date

Witness' Name (Print)

Witness' Signature

Date

** Any receipt produced must have the following information: Registrant first and last name, date completed, manufacturer of vaccine, lot # of vaccine, expiration date of vial used, type of vaccine given, placement location and name and signature of administering clinician.

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